

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001884

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC0141791726**

**Entity Name:** WATERSIDE AT LA CITA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

632 WATERSIDE CIR  
TITUSVILLE, FL 32780

**Current Mailing Address:**

P.O. BOX 76  
TITUSVILLE, FL 32780

**FEI Number: 20-0797243**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EVANS, JOHN H  
1702 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FOOSE, RALPH G  
Address 632 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title S  
Name DAVIS, ALBERT  
Address 611 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title T  
Name MCRAE, CARLA  
Address 401 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title D  
Name BRENNAN, EDWARD  
Address 501 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title D  
Name LAMONTE, JOHN  
Address 662 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title D  
Name BOLICK, JAMES  
Address 481 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RALPH G FOOSE**

**PRESIDENT**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date